


Return Receipt Article Number		COMPLETE THIS SECTION ON DELIVERY	
 9590 9266 9904 2977 9437 39		A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
2. Certified Mail® Article Number 9414 7266 9904 2977 9437 36		B. Received by (Printed Name) C. Date of Delivery	
3. Service Type: CERTIFIED MAIL		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		<div>RECEIVED SEP 19 2024 CT CORPORATION</div>	
1. Article Addressed to: <div>UNITED SPECIALTY INSURANCE COMPANY c/o National Registered Agents, Inc. 1209 Orange Street Wilmington, DE 19801</div>			
PS Form 3811, Facsimile, July 2015		Domestic Return Receipt	